

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040312

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 60

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lee's Summit</b>		c. CITY OR TOWN <b>Greenwood</b>	
Length of stay in 1b <b>1 day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>213 W. 5th St.</b>		d. STREET ADDRESS (If outside, give location) <b>Hamblin Road</b>	
3. NAME OF DECEASED (Type or print) <b>Thomas Perry Turner</b>		4. DATE OF DEATH Month <b>October</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 17, 1891</b>
9. AGE (last birthday) <b>72</b>		10. IF UNDER 1 YEAR Months <b>72</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	
11. BIRTHPLACE (City and state or country) <b>Jackson County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles W. Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Velari Wells</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Fred Thalhiem, Lee's Summit, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intra-abdominal hemorrhage.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured aortic aneurysm.</b>		<b>1 day</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>3 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:32</b> a.m. <b>0</b> p.m. <b>0</b>	Month, Day, Year <b>10-17-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Lee's Summit</b>	
20g. COUNTY <b>Jackson</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>10-17-63</b> to <b>10-18-63</b> and last saw him/her alive on <b>10-18-63</b> . Death occurred at <b>4:32</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William J. Rhode D.O.</b>		22b. ADDRESS <b>Lee's Summit</b>	
22c. DATE SIGNED <b>10-19-63</b>		22d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 21, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>	
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 19, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>N. B. Langsford Sr.</b>		26. REGISTRAR'S SIGNATURE <b>Barton B. Jr.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.